

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton G. Davids

Signature of Treasurer

Electronically Filed by Carlton G. Davids

Date

09

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	210549.96
(b) Cash on Hand at Beginning of Reporting Period	152764.84	
(c) Total Receipts (from Line 19)	14627.68	324976.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	167392.52	535526.56
7. Total Disbursements (from Line 31)	58979.31	427113.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108413.21	108413.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12705.94	262830.26
(ii) Unitemized	1411.84	53453.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14117.78	316283.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14117.78	316283.87
12. Transfers From Affiliated/Other Party Committees	509.90	1955.83
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	6736.90
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14627.68	324976.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14627.68	324976.60

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	479.31	8648.30	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	479.31	8648.30	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	418000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	465.05	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	465.05	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58979.31	427113.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58979.31	427113.35	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14117.78	316283.87
34. Total Contribution Refunds (from Line 28(d))	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14117.78	315818.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	479.31	8648.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6736.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)	479.31	1911.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 44CE9DE89B63FA52AB47

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Dr

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh
Medical Centre

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 461F9AD62854AF4F5EDD

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Rolando C. Ascarrunz, M.D., F.A.

Mailing Address 13438 Northshore Drive

City

Montgomery

State

TX

Zip Code

77356-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Baptist Medical Ce-
nter

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 4490B80376615AFB4489

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

313.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 W 89th St

City

Leawood

State

KS

Zip Code

66206-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: 49B1B9A776A3E1E23451

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nter

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: 4EE39A05CABEE68AA040

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 4C7488C8F4083B7E6A37

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Court

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: 457C924D499DFA270F4C

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 43B48D6BBF499E5A0721

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David J. Clardy, M.D., F.A.

Mailing Address 801 Broadway N

City

Fargo

State

ND

Zip Code

58102-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meritcare Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 4077941720C14EB3A79A

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

268.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	1	0

Transaction ID: 44B8A1CDAD72C1D9B0B1

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Benjamin J. Cohen, M.D., F.A.

Mailing Address 17414 Cumpston St

City

Encino

State

CA

Zip Code

91316-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interventional Cardiology
Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	0

Transaction ID: 44B0B0D080C41CE50AFF

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brian Cole, M.D., F.A.

Mailing Address 201 E Dr Hicks Blvd

City

Florence

State

AL

Zip Code

35630-5767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Health Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	1	0

Transaction ID: B96FC6024F597E3E138

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, B.S.

Mailing Address 4014 88th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Chapter of the
ACC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 44E68F14D29142C72846

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Daniel P. Conroy, Jr., M.D.,

Mailing Address 122 Heller Way

City

Montclair

State

NJ

Zip Code

07043-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 44DE9B6F6E4653EA95C3

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul L. Douglass, M.D., F.A.

Mailing Address 4186 Sandy Lake Drive

City

Lithonia

State

GA

Zip Code

30038-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Atlanta Card-
iology Consul

Occupation
INTERNAL MED.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: E3D8DD61-7E35-4C9B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

683.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Raymond E. Dusman, Jr., M.D.,

Mailing Address 2109 Turnberry Ln

City

Fort Wayne

State

IN

Zip Code

46814-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: D5F9ACC4-4208-45DF-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City

Murfreesboro

State

TN

Zip Code

37130-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 4987A2BF69C53057296D

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick

Mailing Address 2400 N St NW
Heart House

City

Washington

State

DC

Zip Code

20037-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 4D77931161064DFDE362

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

667.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect Street

City

Providence

State

RI

Zip Code

02906-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: 46459EBE583FD728C6DD

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert A. Guyton, M.D., F.A.

Mailing Address 3286 Northside Pkwy NW
Apt 901

City

Atlanta

State

GA

Zip Code

30327-2249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Clinic, Inc.

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: BD29D93A-D906-47E8-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Fred J. Harris, M.D., F.A.

Mailing Address 189 Wexford Rd

City

Valparaiso

State

IN

Zip Code

46385-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Indiana Crdvsclr
Physicians

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 9F5A047437696E2817F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert E. Hobbs, M.D., F.A.

Mailing Address 2713 Dryden Rd

City

Shaker Heights

State

OH

Zip Code

44122-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 4E69BBDC5CDEBB59A6BA

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

C. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons Ln

City

Dayton

State

OH

Zip Code

45414-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dayton Heart Center, Inc.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.04

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 48C69CC4216662E0B9E4

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Rachel D. Keever, M.D., F.A.

Mailing Address 901 Montrose Dr

City

Shelby

State

NC

Zip Code

28150-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanger Clinic

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 1 0

Transaction ID: A502242C22FE74846BB

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P. Kinzfogl, III, M.D.,

Mailing Address 33 Lettery Cir

City

Sudbury

State

MA

Zip Code

01776-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center of MetroWest

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.98

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 436485C29DE44CD31A69

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave
Ste 2

City

Somers Point

State

NJ

Zip Code

08244-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Consultants,
LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 1 0

Transaction ID: 4728A62BE3A13C078744

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Thomas J. Lewandowski, M.D., F.A.

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Appleton Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 1 0

Transaction ID: 1F6CC0137FF9967C2C8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1062.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bruno Manno, M.D., F.A.

Mailing Address 1275 Fritz Cir

City

Huntingdon Vv

State

PA

Zip Code

19006-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: 23FFA5F124269BE41EF

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Ave

City

Owensboro

State

KY

Zip Code

42301-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green River Heart Institu-
te

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 404986E9E3CE86A897F0

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John C. Messenger, M.D., F.A.

Mailing Address 450 S. Gaylord Street

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: EA851ADB-96F0-4729-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Ln

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

Transaction ID: 4130A6473DA146F24FDE

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Rick A. Nishimura, M.D., F.A.

Mailing Address 1429 20th St SW
Gonda 5-368

City

Rochester

State

MN

Zip Code

55902-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic, Division of
Cardiovascular

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	1	0

Transaction ID: 51FC0E790FC5415E3A6

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Paul J. O'Brien, M.D., F.A.

Mailing Address 4660 Kenmore Ave
Ste 800

City

Alexandria

State

VA

Zip Code

22304-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Cardiology, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	0

Transaction ID: 44DB93530D2E68101D59

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1184.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City

Kirkland

State

WA

Zip Code

98033-4837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	0

Transaction ID: 4913B91706FF10DE4D24

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Court

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shore Heart Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	1	0

Transaction ID: 4DAF97067C628CD9ED04

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halley's Court

City

Colorado Springs

State

CO

Zip Code

80906-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	0

Transaction ID: 4D47A42E044D20B6C272

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

166.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City

Cincinnati

State

OH

Zip Code

45215-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Cincinnati

Occupation

CARDIOVASCULAR RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 46D1AFF88F5083C2FC33

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St
Cardiology (111B)

City

Denver

State

CO

Zip Code

80220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver VA Medical Center /
University

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: 44D78E89FD5A9B540B65

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Mark L. Sanz, M.D., F.A.

Mailing Address 3122 Martinwood Rd

City

Missoula

State

MT

Zip Code

59802

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Heart Insti-
tute of Monta

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 64FA45A6-6913-4AB7-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

417.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael K. Schroyer, RN

Mailing Address 10580 N Meridian St

City

Indianapolis

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Vincent Heart Center
of Indiana

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	0

Transaction ID: 4F15814B76C6B5024B06

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Michael J. Severino, M.D., F.A.

Mailing Address 1732 Fargo Blvd
Ste 100

City

Geneva

State

IL

Zip Code

60134-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kane Cardiology, SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	0

Transaction ID: 456192DFC33C36103AB3

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	1	0

Transaction ID: 444AB253D4C93B707816

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

251.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

M. Theodore Silver, M.D., F.A.

Mailing Address 697 Lebanon Rd

City

Winterport

State

ME

Zip Code

04496-4023

FEC ID number of contributing
federal political committee.**C**Name of Employer
Northeast Cardiology Asso-
ciates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	1	0

Transaction ID: 4861842DE4B1B52AFC1B

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Lane

City

Johns Creek

State

GA

Zip Code

30024-5304

FEC ID number of contributing
federal political committee.**C**Name of Employer
Atlanta Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	9	/	2	0	1	0

Transaction ID: 4C46BA6F89A08E280EE8

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Richard W. Snyder, M.D., F.A.

Mailing Address 5514 Yolanda

City

Dallas

State

TX

Zip Code

75229-6440

FEC ID number of contributing
federal political committee.**C**Name of Employer
Heart Place

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	1	0

Transaction ID: 49518A16067052C36877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

375.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main Street #205

City

Cape May Court Hou

State

NJ

Zip Code

08210-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Shore Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: 4F38A1982A13724BEC02

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

David B. Stultz, M.D., F.A.

Mailing Address 10841 Waterbury Ridge Ln

City

Centerville

State

OH

Zip Code

45458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Cardiology Inc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 0

Transaction ID: 25D4F983-9DBA-4ECF-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Rd
Apt 1214

City

Bethesda

State

MD

Zip Code

20814-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 408BAD8BEBDD4F95F8CA

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)

1291.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd

City

Lynchburg

State

VA

Zip Code

24503-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group
Centra/Stroob

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 4A08B78031EA52CBBA1C

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Krishnaswami Vijayaraghavan, M.B.B.S.,

Mailing Address 2817 E Ludlow Dr

City

Phoenix

State

AZ

Zip Code

85032-5665

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 4790AB9005601759537A

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave
1205

City

Louisville

State

KY

Zip Code

40204-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 4C308F51834891FD6FC6

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

250.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	0

Transaction ID: 47DA9CE5F5382F34AC91

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd PI

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	0

Transaction ID: 4BEC8DCC794BF3FC25F6

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Harvey J. White, Jr., M.D.,

Mailing Address 1020 El Pueblo Rd NW

City

Los Ranchos

State

NM

Zip Code

87114-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vessel Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	0

Transaction ID: 9FF8B47A87CDED28E72

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carletta Williams, RN

Mailing Address 522 Maxwell Ave

City

Steubenville

State

OH

Zip Code

43952-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Medical Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 44589B23D46040A9FE22

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Hwy NE
Ste 530

City

Atlanta

State

GA

Zip Code

30328-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 413EB9267DA3D0F030A1

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: 4FD8AAF5CCD229AB25BD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

492.00

TOTAL This Period (last page this line number only)

12705.94

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Non-Federal Account

Mailing Address 9111 Old Georgetown Road

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1955.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Transaction ID: 3BC2A646C929C1F1AAA

Amount of Each Receipt this Period

509.90

Reimburse. for July Amex
and August Merchant Fees

SUBTOTAL of Receipts This Page (optional)

509.90

TOTAL This Period (last page this line number only)

509.90

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
August Amex Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: VEE0DD07BFEC6DC9F253

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

63.53

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
August Merchant Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: MCB19105F672AF84F019

Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

415.78

SUBTOTAL of Disbursements This Page (optional)

479.31

TOTAL This Period (last page this line number only)

479.31

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 545AB7B252E6A65167C Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03																					
B. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America	Transaction ID: 23A240FD062607A3473 Date of Disbursement																				
Mailing Address 607 14th Street, NW, Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name AMERIPAC: The Fund for a Greater America	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
C. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: 53DCF4178DB88546B15 Date of Disbursement																				
Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Anna G. Eshoo	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 36

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Arcuri for Congress	Transaction ID: 5BA8AE0C7EE094E49F3 Date of Disbursement
Mailing Address PO Box 8508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 1 0</div> </div>
City State Zip Code Utica NY 13505	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1500.00</div>
Candidate Name Michael Angelo Arcuri	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Barnett for Congress	Transaction ID: B391CD729CB8CCC9BE9 Date of Disbursement
Mailing Address PO Box 1937	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 1 0</div> </div>
City State Zip Code Emporia KS 66801	Amount of Each Disbursement this Period
Purpose of Disbursement Voided 7/29/10 Disbursement	<div>-2500.00</div>
Candidate Name James A. Barnett	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: B4C04B7E87003D5BA48 Date of Disbursement
Mailing Address PO Box 606	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 1 0</div> </div>
City State Zip Code Tarpon Springs FL 34688	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>5000.00</div>
Candidate Name Gus Michael Bilirakis	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>4000.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Cantor for Congress	Transaction ID: AED88C1EBAD5D11C037 Date of Disbursement																				
Mailing Address PO Box 17813	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Eric I. Cantor	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. MD for Congress, Inc.	Transaction ID: 18373583E0E7F8573F0 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Charles W. Boustany, Jr.	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Engel for Congress	Transaction ID: 5932F6EEE75CE5C3453C Date of Disbursement																				
Mailing Address 462 California Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Bronxville State NY Zip Code 10708	Amount of Each Disbursement this Period																				
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SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 62A543CBEF4236DD8B0 Date of Disbursement																				
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0	8		0	9		2	0	1	0												
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2500.00																					
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011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
B. Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: C895E42CCAADFB5FB51 Date of Disbursement																				
Mailing Address PO Box 1236	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period																				
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1000.00																					
Candidate Name John Calvin Fleming, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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C. Full Name (Last, First, Middle Initial) Friends of Jim Inhofe Committee	Transaction ID: 3DC59B94FF362E825E5 Date of Disbursement																				
Mailing Address PO Box 13300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
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1000.00																					
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: FD8C8D5E9D32940FEAD Date of Disbursement																				
Mailing Address 7908 Cincinnati Dayton Road Suite I	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
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Mailing Address Post Office Box 250116	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Atlanta State GA Zip Code 30325	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 6FC4E247B601F59197C Date of Disbursement																				
Mailing Address 607 14th Street, NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Levin for Congress	Transaction ID: 6C52088752F91B9AFA2 Date of Disbursement																				
Mailing Address PO Box 37	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	0
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0	8		0	3		2	0	1	0												
City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: C6750F80858C9A88943 Date of Disbursement																				
Mailing Address PO Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Mike Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
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Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee	Transaction ID: 5C81675B184FB44A269 Date of Disbursement																				
Mailing Address PO Box 13147	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Baltimore State MD Zip Code 21203	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Barbara A. Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
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Category/Type 011																					
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TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Pascrell for Congress	Transaction ID: FBA14152FE869503BA8 Date of Disbursement																				
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0	8		0	9		2	0	1	0												
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2500.00																					
Candidate Name William J. Pascrell, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
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Mailing Address PO Box 3662	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
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1500.00																					
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011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) People for Patty Murray	Transaction ID: 76FB36138B6C17B2A05 Date of Disbursement																				
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0	8		0	9		2	0	1	0												
City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period																				
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1000.00																					
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011																					
Category/ Type																					
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SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Peters for Congress	Transaction ID: E46F65DE0F182791651 Date of Disbursement																				
Mailing Address PO Box 226	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City Bloomfield Hills State MI Zip Code 48303 Purpose of Disbursement 2010 General Candidate Name Gary C. Peters	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type																				
B. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee	Transaction ID: 8AE144B3A1856D0DCBB Date of Disbursement																				
Mailing Address 76 Magnolia Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Springfield State MA Zip Code 01108 Purpose of Disbursement 2010 Primary Candidate Name Richard E. Neal	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type																				
C. Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 79FDCAD56F67C2246BB Date of Disbursement																				
Mailing Address PO Box 713	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Wheaton State IL Zip Code 60187 Purpose of Disbursement 2010 General Candidate Name Peter J. Roskam	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>6000.00</td> </tr> </table>	6000.00																			
6000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Rush Holt for Congress	Transaction ID: 302A9964A6BC8D0AFAB Date of Disbursement																				
Mailing Address PO Box 782	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
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0	8		1	3		2	0	1	0												
City Pennington State NJ Zip Code 08534	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Rush D. Holt	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
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B. Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: 456A6F2C4E84B581906 Date of Disbursement																				
Mailing Address PO Box 10555	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Aaron Schock	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
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C. Full Name (Last, First, Middle Initial) Shore PAC	Transaction ID: F69C5CB3DE6DB5FB3FB Date of Disbursement																				
Mailing Address PO Box 3157	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution Candidate Name Shore PAC	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
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SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Sue Myrick for Congress	Transaction ID: C954CE3D3629A04E29D Date of Disbursement																				
Mailing Address PO Box 37091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sue Wilkins Myrick	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WEDGE PAC	Transaction ID: 9220ACDEFF7E9055491 Date of Disbursement																				
Mailing Address PO Box 680063	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period																				
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1500.00																					
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
C. Full Name (Last, First, Middle Initial) Welch for Congress	Transaction ID: 7C1461FCEC744543D25 Date of Disbursement																				
Mailing Address PO Box 1682	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
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0	8		0	9		2	0	1	0												
City Burlington State VT Zip Code 05402	Amount of Each Disbursement this Period																				
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2500.00																					
Candidate Name Peter F. Welch	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

58500.00